

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/729441

FILED DATE

APPLICANT(S)

AD FILED		APPROPRIATE		APPROPRIATE		CLAIMS	
NO	DEP	NO	DEP	NO	DEP	NO	DEP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17		10		10			
18		10		10			
19		1		1			
20		1		1			
21		1		1			
22		3		3			
23							
24							
25							
26							
27							
28							
29							
30		2		2			
31		2		2			
32							
33							
34							
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41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

31
5
26

26
20
46
3
49

49
1
53